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PLEASE REA	D ALL INSTRUCTIONS BEFORE	COMPLETING THIS FORM
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State	SECRETARY OF STATE
	DIVISION OF CORPORATIONS	_
DOCUMENT # 543		
1. Corporation Name KLS Ent	erprises, Inc	000061766456
••	·	000061796420 11/30/05-01046003 **300.00
2. Principal Office Address	3. Mailing Office Address Fland	REINSTATEMENT 29
4056 NE 5 Terr 3333	0 2 .001	CR2E081 (8/05)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified
City & State Fl. anderdale Pl	City & State	To Do Business in Florida 5. FEI Number Applied For
Zip Country	Zip Country	6. \$8.75 Additional Fee requ
33334 USA	7. Name and Address of Current Regis	for a Certificate of Statu
Name STE OU	MICHAUD	Haran Agent
Street Address (P.O. Box Number		
Suite, Apt. #, Etc.		
City POMPAN	o Reach.	State Zip Code 53064
8. I, being appointed the registered agent of th	e above named corporation, am familiar with and accept the	e obligations of section 607.0505 or 617.0503, F.S.
Signature of Registered Agent	REGISTERED AGENT MUST SIGN	Date
9. Names and Street Addresses of Each Offic	er and/or Director (Florida nonprofit corporations must list a	at least 3 directors)
Titles Name of Officers and/or Dire	Street Address of E octors Officer and/or Dire	ctor City 7 State 7 Zip
Pr. Kenneth P.	WALASCHETL 110 POPLAR	LN. Portersumo la 1605) St Bonfano but f15301
V.P. Stephen Mod	Rand 1401 NE 412	St Ponfano but f13301
10. I certify that I am an officer or director or th	receiver or trustee empowered to execute this application	as provided for in chapter 607 or 617, F.S. I further certify that when filing sfies the requirements of section 607.0401 or 617.0401, F.S., that all fees
owed by the corporation have been paid ar	or dissolution has been eliminated, the corporate name saus id the names of individuals listed on this form do not qualify It my signature shall have the same legal effect as if made u	for an exemption under section 119.07(3)(i), F.S. The information indicate
41	In 10	(954) n L. Michaud 11/17/05 309-90

11/29



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 27, 2005

KLS ENTERPRISES, INC. P.O. BOX 9566 FT LAUDERDALE, FL 33310

SUBJECT: KLS ENTERPRISES, INC.

Ref. Number: 543070

Thank you for your correspondence of October 24, 2005, which has been forwarded to me for response.

In order for our office to consider the request for waiver of the late fees, or penalties, the corporation must state the year the uniform business reports/corporate annual reports were not received.

The total amount due to reinstate is \$300.00.

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Barbara Mitchell
Document Specialist

Document Specialist _____Letter Number: 405A00065089

Walaschek & Associates

P. O. Box 9566

FORT LAUDERDALE, FLORIDA 33310

(305) 561-0704 1-800-272-0704

10-24-05

Division of Corporations P.O. Box 6327 Tallahassee, Fla. 32314

To Whom it may concern,

Please note that I did not receive any paperwork for my Corporation renewal—and—was—just made aware of this trying to renew my workers compensation. The Department of Financial Services brought this to my attention yesterday. The only thing that could of caused the confusion is item #10 (officers and Directors) changed from 775 NE 40th Street Ft. Lauderdale, Fla. to 1401 NE 41st Street Pompano Beach, Fla. 33064 Please activate my Corporation ASAP I'm sending ck # 3138 with Fee

Thank you in advance Kenneth P. Walaschek

KLS Enterprises, Inc. Document # 543070

P.O.Box 9566

Ft. Lauderdale, Fla. 33310